

TRANSMITTAL OF NOTICE OF APPEALDocket No.
TSR-10002/38

In re Application of: John Hilfinger

Application No.
10/706,738-Conf. #7532Filing Date
November 12, 2003Examiner
R. A. SchnizerGroup Art Unit
1635Invention: METHODS AND COMPOSITIONS OF GENE DELIVERY AGENTS FOR SYSTEMIC
AND LOCAL THERAPY**TO THE COMMISSIONER OF PATENTS:**Transmitted herewith is the Appeal Brief in this application, with respect to the Notice of Appeal
filed: November 19, 2007 .The fee for filing this Appeal Brief is \$ 255.00 .☐

Large Entity

☒

Small Entity

☐

A petition for extension of time is also enclosed.

The fee for the extension of time is _____ .

☒A check in the amount of \$ 255.00 is enclosed.☐Charge the amount of the fee to Deposit Account No. 07-1180 .
This sheet is submitted in duplicate.☐

Payment by credit card. Form PTO-2038 is attached.

☒The Director is hereby authorized to charge any additional fees that may be required or
credit any overpayment to Deposit Account No. 07-1180 .
This sheet is submitted in duplicate./Avery N. Goldstein, Ph.D./Dated: November 19, 2007

Avery N. Goldstein, Ph.D.

Attorney Reg. No. : 39,204

GIFFORD, KRASS, SPRINKLE, ANDERSON &
CITKOWSKI, P.C.

2701 Troy Center Drive, Suite 330

Post Office Box 7021

Troy, Michigan 48007-7021

(248) 647-6000

Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

| | | | |
|--|--|--------------------------|------------------------|
| Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4018). <h2 style="margin: 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 0;">For FY 2008</h3> | | Complete if Known | |
| <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 | | Application Number | 10/706,738-Conf. #7532 |
| | | Filing Date | November 12, 2003 |
| | | First Named Inventor | John Hilfinger |
| | | Examiner Name | R. A. Schnizer |
| | | Art Unit | 1635 |
| TOTAL AMOUNT OF PAYMENT | | (\$) | 255.00 |
| | | Attorney Docket No. | TSR-10002/38 |

| | |
|---|--|
| METHOD OF PAYMENT (check all that apply) | |
| <input type="checkbox"/> Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____ | |
| <input type="checkbox"/> Deposit Account Deposit Account Number: <u>07-1180</u> Deposit Account Name: <u>Gifford, Krass, Sprinkle,</u> | |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) | |
| <input type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee | |
| <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments | |

| FEE CALCULATION | | | | | | | |
|---|-----------------------------|---|-----------------|-----------------------------------|----------------------------------|-----------------------|----------------------|
| 1. BASIC FILING, SEARCH, AND EXAMINATION FEES | | | | | | | |
| Application Type | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | Fees Paid (\$) |
| | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | |
| Utility | 310 | 155 | 510 | 255 | 210 | 105 | _____ |
| Design | 210 | 105 | 100 | 50 | 130 | 65 | _____ |
| Plant | 210 | 105 | 310 | 155 | 160 | 80 | _____ |
| Reissue | 310 | 155 | 510 | 255 | 620 | 310 | _____ |
| Provisional | 210 | 105 | 0 | 0 | 0 | 0 | _____ |
| 2. EXCESS CLAIM FEES | | | | | | | |
| | | | | | | Small Entity | |
| | | | | | | Fee (\$) | Fee (\$) |
| Each claim over 20 (including Reissues) | | | | | | 50 | 25 |
| Each independent claim over 3 (including Reissues) | | | | | | 210 | 105 |
| Multiple dependent claims | | | | | | 370 | 185 |
| <u>Total Claims</u> | | <u>Extra Claims</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> | <u>Multiple Dependent Claims</u> | | |
| _____ - 20 = _____ | | x _____ | = _____ | | <u>Fee (\$)</u> | | <u>Fee Paid (\$)</u> |
| HP = highest number of total claims paid for, if greater than 20. | | | | | | | |
| <u>Indep. Claims</u> | | <u>Extra Claims</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> | | | |
| _____ - 3 = _____ | | x _____ | = _____ | | | | |
| HP = highest number of independent claims paid for, if greater than 3. | | | | | | | |
| 3. APPLICATION SIZE FEE | | | | | | | |
| If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). | | | | | | | |
| <u>Total Sheets</u> | <u>Extra Sheets</u> | <u>Number of each additional 50 or fraction thereof</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> | | | |
| _____ - 100 = _____ | /50 = _____ | (round up to a whole number) x _____ | = _____ | | | | |
| 4. OTHER FEE(S) | | | | | | | |
| Non-English Specification, \$130 fee (no small entity discount) | | | | | | <u>Fees Paid (\$)</u> | |
| Other (e.g., late filing surcharge): <u>2401 Notice of appeal</u> | | | | | | <u>255.00</u> | |
| SUBMITTED BY | | | | | | | |
| Signature | /Avery N. Goldstein, Ph.D./ | | | Registration No. (Attorney/Agent) | 39,204 | Telephone | (248) 647-6000 |
| Name (Print/Type) | Avery N. Goldstein, Ph.D. | | | Date | November 19, 2007 | | |